Company Tracking Number: APPLICATIONS REVISION FILING - FRAUD WARNING

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Applications Revision Filing - Fraud Warning

Project Name/Number: Applications Revision Filing - Fraud Warning/Applications Revision Filing - Fraud Warning

Filing at a Glance

Company: Connecticut General Life Insurance Company

Product Name: Applications Revision Filing - SERFF Tr Num: CCGC-127341941 State: Arkansas

Fraud Warning

TOI: L08 Life - Other SERFF Status: Closed-Approved- State Tr Num: 50051

Closed

Sub-TOI: L08.000 Life - Other Co Tr Num: APPLICATIONS State Status: Approved-Closed

REVISION FILING - FRAUD

WARNING

Filing Type: Form Reviewer(s): Linda Bird

Author: Julie Levine Disposition Date: 10/24/2011
Date Submitted: 10/18/2011 Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Applications Revision Filing - Fraud Warning Status of Filing in Domicile: Not Filed

Project Number: Applications Revision Filing - Fraud Warning Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: This filing is to

correct applications that are missing fraud warnings. It is specific to the states that require

fraud warnings on their applications. Our

domiciliary state of Connecticut is not one of

these.

Explanation for Combination/Other: Market Type: Individual Submission Type: New Submission Individual Market Type:

Overall Rate Impact: Filing Status Changed: 10/24/2011
State Status Changed: 10/24/2011

Deemer Date: Created By: Julie Levine

Submitted By: Julie Levine Corresponding Filing Tracking Number:

Filing Description:

Revision of applications to comply with state fraud warning regulations.

Company Tracking Number: APPLICATIONS REVISION FILING - FRAUD WARNING

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Applications Revision Filing - Fraud Warning

Project Name/Number: Applications Revision Filing - Fraud Warning/Applications Revision Filing - Fraud Warning

Company and Contact

Filing Contact Information

Julie A. Levine, Sr. Regulatory Compliance julie.levine@cigna.com

Analyst

 Wilde Building, A4COL
 860-226-9019 [Phone]

 900 Cottage Grove Road
 860-226-8292 [FAX]

Hartford, CT 06152

Filing Company Information

Connecticut General Life Insurance Company CoCode: 62308 State of Domicile: Connecticut

Wilde Building, A4COL Group Code: 901 Company Type: 900 Cottage Grove Road Group Name: State ID Number:

Hartford, CT 06152 FEIN Number: 06-0303370

(800) 225-0646 ext. [Phone]

Filing Fees

Fee Required? Yes Fee Amount: \$350.00

Retaliatory? No

Fee Explanation: 7 forms @ \$50 each = \$350

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Connecticut General Life Insurance Company \$350.00 10/18/2011 52934165

 $Company\ Tracking\ Number: \qquad APPLICATIONS\ REVISION\ FILING\ -\ FRAUD\ WARNING$

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Applications Revision Filing - Fraud Warning

Project Name/Number: Applications Revision Filing - Fraud Warning/Applications Revision Filing - Fraud Warning

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-	Linda Bird	10/24/2011	10/24/2011
Closed			

 $Company\ Tracking\ Number: \qquad APPLICATIONS\ REVISION\ FILING\ -\ FRAUD\ WARNING$

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Applications Revision Filing - Fraud Warning

Project Name/Number: Applications Revision Filing - Fraud Warning/Applications Revision Filing - Fraud Warning

Disposition

Disposition Date: 10/24/2011

Implementation Date:
Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

 SERFF Tracking Number:
 CCGC-127341941
 State:
 Arkansas

 Filing Company:
 Connecticut General Life Insurance Company
 State Tracking Number:
 50051

 $Company\ Tracking\ Number: \qquad APPLICATIONS\ REVISION\ FILING\ -\ FRAUD\ WARNING$

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Applications Revision Filing - Fraud Warning

Project Name/Number: Applications Revision Filing - Fraud Warning/Applications Revision Filing - Fraud Warning

Schedule	Schedule Item	Schedule Item Status Public Access
Supporting Document	Flesch Certification	Yes
Supporting Document	Application	Yes
Supporting Document	Cover Letter	Yes
Supporting Document	Highlighted Copies of Forms	Yes
Form	Master Application	Yes
Form	Variable Enrollment Form	Yes
Form	Enrollment Form	Yes
Form	Consent/Enrollment Form	Yes
Form	Aviation Supplement	Yes
Form	Avocation and Sports Questionnaire	Yes
Form	Foreign Travel or Residence Supplemer	nt Yes

 $Company\ Tracking\ Number: \qquad APPLICATIONS\ REVISION\ FILING\ -\ FRAUD\ WARNING$

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Applications Revision Filing - Fraud Warning

Project Name/Number: Applications Revision Filing - Fraud Warning/Applications Revision Filing - Fraud Warning

Form Schedule

Lead Form Number: B20001 AR (2011)

Schedule	Form	Form Type	Form Name	Action	Action Specific	Readability	Attachment
Item	Number				Data		
Status							
	B20001 AR	Application	Master Application	Initial		50.179	AR-
	(2011)	Enrollment					B20001(2011)
		Form					.pdf
	B20003 AR	Application/	Variable Enrollment	Initial		52.568	AR-B20003
	(2011)	Enrollment	Form				(2011).pdf
		Form					
			Enrollment Form	Initial		51.888	AR-B20004
	(2011)	Enrollment					(2011).pdf
		Form					
			Consent/Enrollment	Initial		50.900	AR-B10328
	(2011)	Enrollment	Form				(2011).pdf
		Form					
			Aviation Supplement	Initial		61.900	AR-Aviation
	AR (2011)	Enrollment					Supp
		Form					(2011).pdf
			Avocation and Sports	sInitial		54.800	AR-Avocation
	AR (2011)		Questionnaire				Supp
		Form	,				(2011).pdf
	For Trav	• •	Foreign Travel or	Initial		61.900	AR-Foreign
	Supp AR	Enrollment					Travel Supp
	(2011)	Form	Supplement				(2011).pdf

MASTER APPLICATION





1a. Corporation Name		b. Corporate Tax	k I.D. No.	
c. Address (No., Street, City, State & Zip Code)				
2. Owner: ☐ Corporation is Owner of all policies ☐ Insured is Owner unless otherwise designat ☐ Other: (Specify Name, Address & Tax I.D. N	ted on Insured's Application or End Number. If Trust, include VTA form	rollment Form n.)		
3. To whom shall premium notices and correspondence be ser	nt? (Specify Person. Also include	address if other t	han 1c.)	
4. Beneficiary: ☐ Corporation ☐ As designated on Insured's Application or E ☐ Other: (Specify Name and Relationship to In				
5. The policy being applied for is intended to replace existing ir or annuity(ies).	ndividual, non-term life insurance p	oolicy(ies) □Yes	□ No	
6a. Plan of Insurance:	6b. Effective Date of Plan: Mo. Day	Yr.		
6c. Additional Benefits (If available) ☐ Substitute Life Rider ☐ Other (please specify)	6d. Death Benefit Options: ☐ Specified Amount ☐ Other ☐ Specified Amount Plus Fund Value ☐ Specified Amount Plus Premium			
7. ADDITIONAL INSTRUCTIONS	8. HOME OFFICE CHANGES OR CORRECTIONS			
FOR VARIABLE LIFE	INSURANCE ONLY			
DOES THE APPLICANT UNDERSTAND:				
 a) That the death benefit under a variable life insurance podepending upon the investment results of the sub-accoub. b) That the policy's cash surrender value may increase or the investment results of the sub-accounts? 	unts?	□ Yes	□ No	
c) That no minimum cash surrender value is guaranteed?d) That the policy is a long-term commitment to meet insur	ance needs and financial goals?	□ Yes □ Yes	□ No □ No	
I (We) agree that this Master Application, the Insured's Enrollme any Policy issued, and further agree that no insurance shall tal accepted by me (us) and the initial premium has been paid du Proposed Insured(s).	ke effect unless and until the polic	y has been delive	ered to and	
Any person who knowingly presents a false or fraudulent clain information in an application for insurance is guilty of a crime and			sents false	
Dated at	On			
City and State	Month	/ Day / Year		
Signature of Licensed Agent/Representative	Signature of Owner/	Corporate Officer/Trustee	Э	
For Variable Sales Only – Signature of Broker/	Dealer			

CERTIFICATION BY LICENSED REPRESENTATIVE

The Licensed Representative who witnessed the signature on the Application certifies that: 1. He/she asked all the questions on the Application and recommends this risk to Connecticut General without reservation. 2. The insurance applied for □ is not intended to replace existing life Insurance. □ is intended to replace existing life insurance.						
ALL COMPENSATION (IF ANY) SHALL BE PAID TO:						
Name_	Share %					
Name	Share %					
Name	Share %					
Name	Share %					
Name	Share %					
Date	Signature of Licensed Representative					

VARIABLE ENROLLMENT FORM



INSURED/OWNER INFORMATION Complete Owner information only if Owner is other than Insured o	r Employer. OWNER (If Owner is a Trust, include VTA form)
Address:	
SSN/Tax ID#:	
DOB:/ Sex	
2. ACTIVELY-AT-WORK is defined as: (a) Performing all normal of than 35 hours per week, and (b) not absent from work due to accide the 90 days prior to becoming eligible to participate in the life thereafter. Connecticut General Life Insurance Company (the Conthe above information for deaths occurring (a) within 2 years of the subsequent increases in Face Amount. Based on any such rece contest any claim during those periods. Has the Insured been Actively-At-Work?	dent, illness or other condition for more than 3 days of insurance program applied for or for any increase mpany) reserves the right to request recertification of
IF "No", please describe the nature of any absences:	
3. SMOKING STATUS	
Has the Insured used TOBACCO in any form within the past 12 m If "Yes" describe frequency, quantity, and kind of tobacco used:	nonths?
 BENEFICIARY DESIGNATION: All primary beneficiaries who su indicated. If no primary beneficiary survives the Insured, ben beneficiaries, if surviving the Insured, unless otherwise specified. Beneficiary Designation: (Complete only if no beneficiary has been 	efits will be paid in equal shares to the contingent
NAME	RELATIONSHIP TO INSURED
Full First Name Middle Initial Last	REDATIONOLIII TO INCORED
PRIMARY Name	
CONTINGENT	
I understand that so long as I am employed by the employer identifies to increase the Face Amount of the policy from time to time in accoshall be subject to the underwriting limitations and requirements which is requested including, but not limited to, my being Actively-At-Work	rdance with my employer's instructions. Each increase ich the Company has in effect on the date the increase
I certify that (a) the Social Security or Tax Identification Number shoup withholding.	own above is correct, and (b) I am not subject to back-
Any person who knowingly presents a false or fraudulent claim for p information in an application for insurance is guilty of a crime and ma	ayment of a loss or benefit or knowingly presents false by be subject to fines and confinement in prison.
DOES THE APPLICANT ALSO UNDERSTAND: a) That the death benefit under a variable life insurance policy m depending upon the investment results of the sub-accounts? b) That the policy's cash surrender value may increase or decreathe investment results? c) That no minimum cash surrender value is guaranteed? d) That the policy is a long-term commitment to meet insurance in the policy is a long-term.	☐ Yes ☐ No ease on any day depending upon ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
The policy being applied for is intended to replace an existing individual, non	•
SIGNATURE OF PROPOSED INSURED	WITNESS
SIGNATURE OF OWNER (If other than Insured or Employer)	DATE SIGNED

ENROLLMENT FORM



	IER INFORMATION or information only if Owner is other than Insured o INSURED	r Employer. <u>OWNER</u>
Name:	<u></u>	/If O
_		
_		
DOB:	/Sex	
than 35 hours p the 90 days p thereafter. Con the above infor subsequent ind contest any cla Has the Insure	per week, and (b) not absent from work due to accide rior to becoming eligible to participate in the life nnecticut General Life Insurance Company (the Compation for deaths occurring (a) within 2 years of the creases in Face Amount. Based on any such recein during those periods.	duties of the position on a full time basis for not less dent, illness or other condition for more than 3 days of insurance program applied for or for any increase mpany) reserves the right to request recertification of ne policy's Date of Issue, or (b) within 2 years of any ertification, the Company further reserves the right to
3. SMOKING STA Has the Insured If "Yes" describ	ATUS I used TOBACCO in any form within the past 12 more frequency, quantity, and kind of tobacco used:	nonths?
beneficiaries, if	DESIGNATION : All primary beneficiaries who substitute primary beneficiary survives the Insured, beneficiary the Insured, unless otherwise specified. Complete only if no beneficiary has been designated.	urvive the Insured shall share equally unless otherwise refits will be paid in equal shares to the contingent and on your employer's Master Application.)
	NAME	RELATIONSHIP TO INSURED
PRIMARY	Full First Name Middle Initial Last Name	
_		
CONTINGENT		
_		
to increase the Fa	ace Amount of the policy from time to time in acco	ed in the Master Application, the Company is authorized ordance with my employer's instructions. Each increase ich the Company has in effect on the date the increase at the time of each change.
I certify that (a) th up withholding.	e Social Security or Tax Identification Number sho	own above is correct, and (b) I am not subject to back-
Any person who k information in an a	nowingly presents a false or fraudulent claim for pupplication for insurance is guilty of a crime and ma	payment of a loss or benefit or knowingly presents false ay be subject to fines and confinement in prison.
	olied for is intended to replace an existing individual, nor	
SIGNATURE OF PROPO	SED INSURED	WITNESS
SIGNATURE OF OWNER	t (If other than Insured or Employer)	DATE SIGNED

Hartford, Connecticut 06152

CORPORATE OWNED LIFE INSURANCE PROGRAM CONSENT/ENROLLMENT FORM

Cigna

Name			
Social Security No.	Date of Birth		SexMF
Employer		Job Title	
I am ACTIVELY-AT-WORK, performing week. I have not been absent from we prior to the proposed effective date of	ork due to accident, illness or oth		
Yes No	If "NO", please describe the nate	ure of any absences:	
I have used TOBACCO (cigarette, cig		-	
I acknowledge that	nefit me in any way. I designat erefore transfer and assign any	cticut General Life Insurant, and grant, though purchased to e interest, benefits, right	rance Company for an insurance my consent for this purchase. In indirectly fund a benefit plan in as the absolute owner onts, and title I may have in such
I understand that the death benefit will be payable to my beneficia	ll be paid to aries or to my estate from the pro	and oceeds of the policy.	I that no death benefit or other
I understand that this coverage may c	continue after my employment te	rminates.	
Any person who knowingly presents false information in an application for			
I have read and understand this form	and (please check one):		
I hereby consent to the purch	hase of this insurance on my life		
I do NOT consent to the pure	chase of this insurance on my lif	Э.	
All of the above statements are to the	best of my knowledge and belie	f.	
Employee's Signature			<u>/ /</u> Pate

B10328 AR (2011)

Aviation Supplement (A)

Connecticut General Life Insurance Company Hartford, CT 06152



Part B should also be completed if you fly as a Pilot or Crewmember in Commercial or Military Aviation.

1. Proposed Insured's Na	ame (Please Print)				Date of Birth			
1. Proposed insured 5 No	anie (Fiease Finit)				Date of Birtin			
2 Dilet Certificate Curren	stly, Haldy		Date of	logue	2. Do you bo	vo on le	0 0 t r 1 r	mont Flight
 2. Pilot Certificate Curren ☐ Student ☐ Privat 			Date of	issue	3. Do you ha		istrui	nent Flight
					Rating (IF			
☐ Air Transport Rating	g 🗀 Other (Specily)				☐ YES	LI NO		
4. a. What class of FAA	Medical Certificate cu	rrently held?)	b. Date of la	ast FAA Medica	al Exam	ninatio	on: <i>(Mo./Yr.)</i>
c. Was Medical Certifi		mitations or r	ohvsical w	/aivers?				
□ YES □ I			,					
If YES, please give full	l details:							
5. a. What type(s) of airc	raft do you fly? (Inclu	de make and	d model)					
b What types(s) of fly	ina da vau da? (a a	placeura bu	oinogo o	opotruotion o	ron ducting to	oting o	orobe	ation hallooning
b. What types(s) of fly survey, photograph		pieasure, bu	Siness, Co	onstruction, t	rop-dusting, te	sung, a	eroba	alics, ballooning,
Survey, priotograph	y, monucing, etc.)							
6. Do you fly only within t	he United States?							
Ú YÉS Û □ I								
If elsewhere, give deta	ils:							
7. Total Hours Flown	Total Solo Hours	Total Hours	s Flown		ırs Flown In			Hours Flying In
As Pilot or Co-Pilot		13-24 Mon	ths Ago	Past 12 M	1onths	Next 1	2 Mc	nths
				1				
8. Do you contemplate a	change from your pre	esent flying to	o commei	cial or militai	y flying?			
	NO If VEC complete	roveree eid	•					
□ YES □ I	NO If YES, complete	e reverse siu	е.					
9. a. Do You Maintain a	Log b. What Perd	centage of Yo	our c	. What Per	centage of You	r d	l. Mu	ulti Engine?
Of Flight Time?		ne Is With a			n Single Engin			Ü
	Qualified (Plane?	0 0			
□ YES □ I	NO		%			_%		%
10. Have you ever had a		ur certificate	revoked?	□ YES	□ NO			
If YES, please give f	ull details.							
11. If you do not qualify				desire:				
	coverage with Extra P							
	iation coverage witho							
To the best of my knowle				ers to the ab	ove questions	are cor	nplete	e and true, and
I agree that they shall for	m a part of my applica	ation for insu	rance.					
Any person who knowing								
information in an applicat			ne and ma	ay be subject				•
	City	State			Month	Da	ay	Year
1								
At (Ciana (ciana)			1000	DOOED INC	On (Ciaman)			
WITNESS (Signature)			PRO	POSED INSI	JRED (Signatu	ire)		

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Aviation Supplement (B) (also complete Part A)

Connecticut General Life Insurance Company Hartford, CT 06152



For Pilots and Crew Members in Commercial or Military Aviation

Proposed Insured's Name (Please Print) Date of Birth											
2.	2. Are you a professional pilot? ☐ YES ☐ NO If YES, state employer, duties and type of aircraft flown:										
3.	Mili	tary									
0.	a.										
	b.	Rank and Present Duty A	Assignmen	t:							
	C.	Type of Military Aircraft F	lown:								
4.	Ha	ve you ever been grounde				voked? nber 6 belov	W.				
5.		mplete this Schedule		kimate Hou			ximate H		Аррі	oximate H	
	()	If none, so state)	13-24	t and Co-P	Est.	13-24	ew Mem	Est.	13-24	Passenge	er Est.
			Months Ago	Last 12 Months	Next 12 Mos.	Months Ago	Last 12 Months	Next	Months Ago	Last 12 Months	Next 12 Mos.
Pri	vate	Aircraft									
Sc	hedu										
		chedule Charter, Air Taxi									
		ny Owned Aircraft									
		t Instruction									
	pect	usting, Testing,									
	_	, Photo, Traffic Patrol									
		uction, Fire Fighting,									
Re	scue										
		Aircraft									
		ner flying (explain in No. 6) er any additional informati	on horo:								
0.		er arry additional informati	on nere.								
		best of my knowledge and that they shall form a part					to the abo	ove questi	ons are co	mplete and	true, and
		rson who knowingly prese ation in an application for ir									
	J1111C	City	iouranice R	State		and may be	Jubject				ear
At		•						On		-	
WI	TNE	SS (Signature)				PROPOS	ED INSU	IRED (Sig	nature)		

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Avocation and Sports Questionnaire

Connecticut General Life Insurance Company Hartford, CT 06152



(Do Not Use for Aviation)

INSTRUCTIONS:

- 1. Complete Section I and additional sections where appropriate.
- 2. Answer each question with as much detail as possible.

3. Use a SEPARATE questionnaire for EACH SPORT you participate in.

NAME OF PROPOSED INSU	JRED		DATE	OF BIRT	H (Mo., Day, Yr.)	SOCIAL SE	CURITY NUMBE	ER
	OFOTI	ONL OFNED		004TION	10			
Auto Docines*		ON I – GENER	AL AV			Clare alliania	a/Daraahtina*	
Auto Racing*	Hang Glic				ort Racing*		g/Parachuting*	
Boat Racing*	Horse Ra Martial Ar			Mountain			nt Flying*	
Boxing Ballooning**		เร e Racing*			nal Athletics	Other		
Balloorling	Motorcyci	e Racing		Scuba Div	virig			
* Also complete appro	priate sect	ion ** l	Jse Avi	ation Supp	olement			
In what activity do you par			, , , , , , , , , , , , , , , , , , , ,	<u> </u>				
2. Are you affiliated with any	clubs or a	ssociations? F	Please	specify.				
3. List any special licenses, of	certification	n, professional	or ama	ateur titles	you hold in connec	ction with this	activity.	
4. Are you an instructor or do			nally or	for money	?			
5. Where do you do this avoid	S, give deta	alis.	acta all	nrior and	nlannad lagations	in aludina tha	as sutside of the	110
5. Where do you do this avoid	cation/spoi	t? Please more	cate an	prior and	pianned locations,	including thos	se outside of the	05.
6. How long have you been p	narticinatin	g in this avoca	tion/sn	ort?				
o. How long have you been p	Jartioipatiii	9 111 11113 44000	itioi // op	OIT.				
7. a. How many times did yo	ou do this a	avocation/sport	in the	past 12 m	onths?			
b. How often do you plan								
c. Do you ever participate						etails		
		·						
8. If applicable, describe you		evel of achieve	ment (i.e. height,	depth, terrain or s	peed attained	l). On what level	
do you participate most fre	equently?							
FOR ADDITIONA							ECTION V.	
4.4				•	complete Section	•	- VEO -	NIO
Are you certified?	Ц	YES □ N	0 2	•	a member of a divi	ng	□ YES □	NO
Highest Level and Date:				organiza	tion?			
				Name:				
Do you perform profession	nal 🗆	YES □ N	0 4	Have you	u performed decon	nnression	□ YES □	NO
technical or commercial di	,	120 2 1			diving at high altitu			110
					ntain lakes)?	400		
5. Where do you dive?	Lakes [☐ Rivers ☐	Ocean		ep Sea	e 🗆 Ice	☐ Shipwrecks	
	Other		-			55		
6. Do you dive alone?		YES □ N	0 7	. Do you	use mixed gas (i.e	. Nitrox,	□ YES □	NO
If yes, how often?					Heliox)?	,		
	8. What is the date of your last dive?							
_						EX	PECTED NEXT	
Frequency and depth	LAS	ST 12 MONTH	S	TO	TAL LIFETIME		12 MONTHS	
	Number	Average Du	ration	Number	Average Duration	n Number	Average Durat	tion
		Per Div			Per Dive		Per Dive	
Less than 65 feet					_			
66 to 100 feet					_			
101 to 150 feet								
Over 150 feet								

FOR ADDITIONAL REMARKS CLARIFYING ANSWERS TO ABOVE QUESTIONS USE SECTION V.

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SECTION III – MOTOR SPORT RACING (also complete Section I)										
sprint, midge	 Do you engage in organized competitive events or exhibitions such as boat or drag racing, formula, off road, stock, sprint, midget car, go cart, rough terrain, hill climb, or prototype testing and record attempts? ☐ YES ☐ NO If YES, explain type. 									
2. FREQUENCY	1-2 YEAR			LAST 12 MONTHS		AVERAGE LENGTH OF EACH RACE		NEXT 12	IPLATED MONTHS	
	Number of Races	Total Miles	Number of Races	Total Miles	•	S/MILES/ IME)	ATTAINED	Number of Races	Total Miles	
Automobile						,				
Motorcycle										
Other										
3. Indicate trac	k/course des	scription.	l	l	1					
4. In what class designation			e specific: ir	nclude ma	ke, model	, engine dis	placement and	l horsepower,	class	
5. Under what	sanctioning I	body do yo	ou normally o	compete?	(AMA, NH	HRA, USAC	, etc.)			
6. Have you be	en involved i	n any acc	ident causin	g injury or	death? \	∕ES □ N	O □ If YES,	give details.		
							QUESTIONS U			
SECTION IV – S							· ·	complete Se	,	
1. Do you parti instructing, μ If YES, give	prototype or				□ NO	balic/Stunt,	group jumps,	ume delay, cor	прешоп,	
2. Do you belo	ng to a natio	nal skydiv	ing organiza	tion?	YES	□ NO N	Name:			
3. What is the	average heig	ght from w	hich you jum	p/take off	? Great	est height?				
Indicate the Last 12 Mon		ımps/take-	-offs: Total Lifetir	me:		Contem	plated Next 12	! Months:		
5. Do you perfo ☐ YES		e or free-fa YES, give		r high peri	formance	landings?				
6. Do you pack	your own p	arachute?	☐ YES	□ NO						
7. Do you use	a reserve ch	ute when	jumping? \square	YES	□ NO	WI	nen gliding? [□ YES □	NO	
8. If applicable ☐ YES	, did you bui □ NO	ld your ow	n hang glide	er? I	f yes, give	details (i.e	., Kit built, desi	gned by yours	elf)	
9. Specify clas		if applicab	ole							
10. Have you be	•	• • •		ng injury or	damage?	□ YES	□ NO If YE	S, give details		
FOR A	ADDITIONA	L REMAR	KS CLARIF	YING ANS	SWERS T	O ABOVE (QUESTIONS U	JSE SECTION	٧.	
				SEC	TION V.					
	ADDITIONAL REMARKS. (SPECIFY SECTION AND QUESTION NUMBERS)									
Any person who information in ar										
At City:			State:			Ionth:			Year:	
WITNESS (Sign	nature)				PROPO	SED INSUF	RED (Signature	e)		

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Foreign Travel or Residence Supplement

Connecticut General Life Insurance Company Hartford, CT 06152



		(PLEASE PRINT)			
Date of Birth	(Month)	(Day)	(Ye	ear)	
		(= -97	,	,	
Of what country are	you a citizen?				
What foreign countri	ies do you plan to trav	el or to live in?			
For what purpose is	this foreign travel or r	esidence?			
•	ocated? □ City	□ Rural Area □	Both		
Give dates of travel	or residence.				
			To		
(mor	nth/year)	_		(month/yea	ar)
Do you anticipate fly	ring on other than regu	ularly scheduled comm	ercial airlines?		
If YES, please provi	de full details:				
l agree all statemen	ts and answers to the	above questions are co	omplete and tr	ue.	
Any person who kno	nation in an application	se or fraudulent claim fon for insurance is guilty	or payment of a of a crime and	a loss or benefii d may be subje	t or knowingly ct to fines and
confinement in priso					
	State	on	Month	Day	Year

 SERFF Tracking Number:
 CCGC-127341941
 State:
 Arkansas

 Filing Company:
 Connecticut General Life Insurance Company
 State Tracking Number:
 50051

Company Tracking Number: APPLICATIONS REVISION FILING - FRAUD WARNING

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Applications Revision Filing - Fraud Warning

Project Name/Number: Applications Revision Filing - Fraud Warning/Applications Revision Filing - Fraud Warning

Supporting Document Schedules

Item Status: Status

Date:

Satisfied - Item: Flesch Certification

Comments: Attachment:

AR-Readability Cert.pdf

Item Status: Status

Date:

Satisfied - Item: Application

Comments:

Applications are on the Form Schedule, as required.

Item Status: Status

Date:

Satisfied - Item: Cover Letter

Comments:

Attachment:

AR-Applications Revision-Cover Ltr.pdf

Item Status: Status

Date:

Satisfied - Item: Highlighted Copies of Forms

Comments:

Attachments:

AR-B20001(2011)-Highlighted.pdf

AR-B20003 (2011)-Highlighted.pdf

AR-B20004 (2011)-Highlighted.pdf

AR-B10328 (2011)-Highlighted.pdf

AR-Aviation Supp (2011)-Highlighted.pdf

AR-Avocation Supp (2011)-Highlighted.pdf

AR-Foreign Travel Supp (2011)-Highlighted.pdf

STATE OF ARKANSAS

CERTIFICATION

Re: B20001 AR (2011) B20003 AR (2011) B20004 AR (2011) B10328 AR (2011) Life App (03/03) AR Avia Supp AR (2011) Avoc Supp AR (2011) For Trav Supp AR (2011)

This is to certify that the above-captioned form(s) submitted herewith have achieved the Flesch Ease Score noted below and comply with the requirements of Ark. Stat. Ann. Sections 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Description of Form</u>	<u>Score</u>
B20001 AR (2011)	50.179
B20003 AR (2011)	52.568
B20004 AR (2011)	51.888
B10328 AR (2011)	50.9
Avia Supp AR (2011)	61.9
Avoc Supp AR (2011)	54.8
For Trav Supp AR (2011)	61.9

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

Date: October 12, 2011

Jeffrey J. Krauss, Director, Corporate Insurance

Julie A. Levine, J.D. **Connecticut General Life Insurance Company** 900 Cottage Grove Rd, A4COL Bloomfield, CT 06002 Telephone 860-226-9019



October 18, 2011 FILED VIA SERFF

The Honorable Jay Bradford Insurance Commissioner Arkansas Department of Insurance 1200 W. Third Street Little Rock. AR 72201-1904

Linda Bird Attention:

Facsimile 860-226-8292

Life & Health Division

RE: Connecticut General Life Insurance Company ("CGLIC")

NAIC #62308

Revision of Life Applications pursuant to ACA §23-66-503:

B20001 AR (2011) – Master Application B20003 AR (2011) – Variable Enrollment Form

B20004 AR (2011) - Enrollment Form

B10328 AR (2011) - Consent/Enrollment Form

Avia Supp AR (2011) – Aviation Supplemental Application Avoc Supp AR (2011) - Avocation and Sports Questionnaire

For Trav Supp AR (2011) – Foreign Travel or Residence Supplemental Application

Dear Ms. Bird:

Connecticut General Life Insurance Company respectfully submits for file and use the above captioned revised Life Insurance Applications. The applications have been revised with the addition of the fraud warning as required by Arkansas Code Annotated §23-66-503. The original approval dates of the applications are as follows:

B20001 - 12/1/98 B20003 - 12/1/98 B20004 - 12/1/98 B10328 Rev.12/06 - 1/16/07 Avia Supp – 10/21/02 Avoc Supp - 10/21/02 For Trav Supp - 10/21/02

These applications are for use with all of our policies approved in Arkansas, both Individual and Group (even though SERFF requires a selection of one or the other.) The only changes to the approved forms are the addition of the Fraud Warning and Cigna's new logo. Highlighted copies of the revised forms are included on the Supporting Documentation tab for your ease of review.

Thank you for your time and consideration. Please feel free to contact me by phone (860-226-9019), email (Julie.Levine@CIGNA.com), or via SERFF if you have any questions or concerns regarding this submission.

Sincerely,

Julie A. Levine

Sr. Compliance Analyst

MASTER APPLICATION Number:



1a. Corporation Name		b. Corpor	ate Ta	x I.D. N	No.				
c. Address (No., Street, City, State & Zip Code)									
2. Owner: ☐ Corporation is Owner of all policies ☐ Insured is Owner unless otherwise designated on Insured's Application or Enrollment Form ☐ Other: (Specify Name, Address & Tax I.D. Number. If Trust, include VTA form.)									
3. To whom shall premium notices and correspondence be sent? (Specify Person. Also include address if other than 1c.)									
4. Beneficiary: ☐ Corporation ☐ As designated on Insured's Application or Enrollment Form ☐ Other: (Specify Name and Relationship to Insured)									
5. The policy being applied for is intended to replace existing ir or annuity(ies).	ndividual, non-term life insurance	,	∃Yes	□ No					
6a. Plan of Insurance:	6b. Effective Date of Plan: Mo. Day	Yr.							
6c. Additional Benefits (If available) □ Substitute Life Rider □ Other (please specify)	6d. Death Benefit Options: ☐ Specified Amount ☐ Other ☐ Specified Amount Plus Fund Value ☐ Specified Amount Plus Premium								
7. ADDITIONAL INSTRUCTIONS	8. HOME OFFICE CHANGE	S OR CORF	RECTIO	ONS					
FOR VARIABLE LIFE	INSURANCE ONLY								
DOES THE APPLICANT UNDERSTAND:									
 a) That the death benefit under a variable life insurance podepending upon the investment results of the sub-accounts. b) That the policy's cash surrender value may increase or the investment results of the sub-accounts? 	ints?		Yes Yes	0	No No				
c) That no minimum cash surrender value is guaranteed?d) That the policy is a long-term commitment to meet insur	ance needs and financial goals?		Yes Yes		No No				
I (We) agree that this Master Application, the Insured's Enrollment Form and /or Life Insurance Application shall form a part of any Policy issued, and further agree that no insurance shall take effect unless and until the policy has been delivered to and accepted by me (us) and the initial premium has been paid during the lifetime, and prior to any change in the health, of the Proposed Insured(s).									
Any person who knowingly presents a false or fraudulent clain information in an application for insurance is guilty of a crime and				sents t	false				
Dated at	On								
City and State	Mon	th / Day / Year							
Signature of Licensed Agent/Representative	Signature of Owner	er/Corporate Offic	er/Truste	e					
For Variable Sales Only – Signature of Broker/	Dealer								

CERTIFICATION BY LICENSED REPRESENTATIVE

2. The insurance applied for □ is not intended to r	n and recommends this risk to Connecticut General without reservation.
ALL COMPENSATION (IF ANY) SHALL BE PAID T	O:
Name	Share %_
Name	Share %_
Name	Share %
Name	Share %
Name	Share %
Date	Signature of Licensed Representative

VARIABLE ENROLLMENT FORM



INSURED/OWNER INFORMATION Complete Owner information only if Owner is other than Insured o INSURED	· ·
Name:	OWNER (If Owner is a Trust, Include VTA form)
Address:	
SSN/Tax ID#:	
DOB:/ Sex	
2. ACTIVELY-AT-WORK is defined as: (a) Performing all normal of than 35 hours per week, and (b) not absent from work due to accide the 90 days prior to becoming eligible to participate in the life thereafter. Connecticut General Life Insurance Company (the Conthe above information for deaths occurring (a) within 2 years of the subsequent increases in Face Amount. Based on any such received that the subsequent increases in Face Amount.	dent, illness or other condition for more than 3 days of insurance program applied for or for any increase mpany) reserves the right to request recertification of the policy's Date of Issue, or (b) within 2 years of any
Has the Insured been Actively-At-Work? IF "No", please describe the nature of any absences:	Yes □ No
3. SMOKING STATUS	
Has the Insured used TOBACCO in any form within the past 12 m If "Yes" describe frequency, quantity, and kind of tobacco used:	nonths?
 BENEFICIARY DESIGNATION: All primary beneficiaries who su indicated. If no primary beneficiary survives the Insured, bene beneficiaries, if surviving the Insured, unless otherwise specified. Beneficiary Designation: (Complete only if no beneficiary has bee 	efits will be paid in equal shares to the contingent
Beneuciary Designation (Complete only II no beneuciary has bee	
NAME Full First Name Middle Initial Last	RELATIONSHIP TO INSURED
NAME	
NAME Full First Name Middle Initial Last	
NAME Full First Name Middle Initial Last PRIMARY Name	
NAME Full First Name Middle Initial Last PRIMARY Name	
NAME Full First Name Middle Initial Last PRIMARY Name	RELATIONSHIP TO INSURED ed in the Master Application, the Company is authorized ordance with my employer's instructions. Each increase ich the Company has in effect on the date the increase
PRIMARY Name Name Name Name CONTINGENT I understand that so long as I am employed by the employer identified to increase the Face Amount of the policy from time to time in accessful be subject to the underwriting limitations and requirements where the subject to the underwriting limitations and requirements where the subject to the underwriting limitations and requirements where the subject to the underwriting limitations and requirements where the subject to the underwriting limitations and requirements where the subject to the underwriting limitations and requirements where the subject to the underwriting limitations and requirements where the subject to the underwriting limitations and requirements where the subject to the underwriting limitations and requirements where the subject to the underwriting limitations and requirements where the subject to the underwriting limitations and requirements where the subject to the underwriting limitations and requirements where the subject to the underwriting limitations and requirements where the subject to the underwriting limitations and requirements where the subject to the underwriting limitations and requirements where the subject to the underwriting limitations and requirements where the subject to the underwriting limitations and requirements where the subject to the underwriting limitations and requirements where the subject to the underwriting limitations and requirements where the subject to the underwriting limitations and requirements where the subject to the underwriting limitations and requirements where the subject to the underwriting limitation and requirements where the subject to the underwriting limitation and the subject to	RELATIONSHIP TO INSURED ed in the Master Application, the Company is authorized rdance with my employer's instructions. Each increase ich the Company has in effect on the date the increase at the time of each change.
PRIMARY Name CONTINGENT I understand that so long as I am employed by the employer identified to increase the Face Amount of the policy from time to time in accessful be subject to the underwriting limitations and requirements whis requested including, but not limited to, my being Actively-At-Work I certify that (a) the Social Security or Tax Identification Number shoup withholding. Any person who knowingly presents a false or fraudulent claim for prinformation in an application for insurance is guilty of a crime and management.	RELATIONSHIP TO INSURED and in the Master Application, the Company is authorized ordance with my employer's instructions. Each increase ich the Company has in effect on the date the increase at the time of each change. Sown above is correct, and (b) I am not subject to back- company has or benefit or knowingly presents false
PRIMARY Name CONTINGENT I understand that so long as I am employed by the employer identified to increase the Face Amount of the policy from time to time in accessful be subject to the underwriting limitations and requirements whis requested including, but not limited to, my being Actively-At-Work I certify that (a) the Social Security or Tax Identification Number shoup withholding. Any person who knowingly presents a false or fraudulent claim for presents a false or fraudulent claim for presents.	RELATIONSHIP TO INSURED and in the Master Application, the Company is authorized ordance with my employer's instructions. Each increase ich the Company has in effect on the date the increase at the time of each change. Sown above is correct, and (b) I am not subject to backers and a loss or benefit or knowingly presents false by be subject to fines and confinement in prison. The provided HTML in the Company is authorized and increase in the Company has in effect on the date the increase at the time of each change. The provided HTML in the Company is authorized and increase in the Company has in effect on the date the increase at the time of each change. The provided HTML in the Company is authorized and increase in the Company has in effect on the date the increase at the time of each change. The provided HTML in the Company is authorized and increase in the Company has in effect on the date the increase at the time of each change. The provided HTML in the Company is authorized and the increase in the company has in effect on the date the increase at the time of each change. The provided HTML in the Company is authorized and the company has in effect on the date the increase at the time of each change. The provided HTML in the Company is authorized and the increase at the time of each change. The provided HTML in the Company is authorized and the increase at the time of each change. The provided HTML in the Company is authorized and the increase at the time of each change. The provided HTML in the Company is authorized and the increase at the time of each change. The provided HTML in the Company is authorized and the increase at the time of each change. The provided HTML in the Company is authorized and the increase at the time of each change. The provided HTML in the Company is authorized and the increase at the increase a
PRIMARY Full First Name Middle Initial Last PRIMARY Name CONTINGENT I understand that so long as I am employed by the employer identified to increase the Face Amount of the policy from time to time in accessful be subject to the underwriting limitations and requirements whis requested including, but not limited to, my being Actively-At-Work I certify that (a) the Social Security or Tax Identification Number should be withholding. Any person who knowingly presents a false or fraudulent claim for prinformation in an application for insurance is guilty of a crime and material material processing the sub-accounts? DOES THE APPLICANT ALSO UNDERSTAND: a) That the death benefit under a variable life insurance policy material depending upon the investment results of the sub-accounts? b) That the policy's cash surrender value may increase or decreated investment results? c) That no minimum cash surrender value is guaranteed? d) That the policy is a long-term commitment to meet insurance.	RELATIONSHIP TO INSURED and in the Master Application, the Company is authorized ordance with my employer's instructions. Each increase ich the Company has in effect on the date the increase at the time of each change. Sown above is correct, and (b) I am not subject to back- sayment of a loss or benefit or knowingly presents false by be subject to fines and confinement in prison. The provided HTML in the Master Application, the Company is authorized authorized in the Master Application, the Company is authorized and the Increase in the Master Application, the Company is authorized and the Increase in the Master Application, the Company is authorized and the Increase in the Master Application, the Company is authorized and the Increase in the Master Application, the Company is authorized and the Increase in the Company is authorized and the Increase in the Company is authorized and the Increase in the Company is authorized and the Company is authorized and the Increase in the Company is authorized and the Company is authorized and the Company is authorized and the Increase in the Company is authorized and the Company is authorized and the Increase in the Company is authorized and the Increase in the Company is authorized and the Increase in the Increase i
PRIMARY Full First Name Name Name CONTINGENT I understand that so long as I am employed by the employer identifies to increase the Face Amount of the policy from time to time in accessful be subject to the underwriting limitations and requirements whis requested including, but not limited to, my being Actively-At-Work I certify that (a) the Social Security or Tax Identification Number shoup withholding. Any person who knowingly presents a false or fraudulent claim for prinformation in an application for insurance is guilty of a crime and material to the sub-accounts? DOES THE APPLICANT ALSO UNDERSTAND: a) That the death benefit under a variable life insurance policy material depending upon the investment results of the sub-accounts? b) That the policy's cash surrender value may increase or decreated investment results? c) That no minimum cash surrender value is guaranteed? d) That the policy is a long-term commitment to meet insurance.	RELATIONSHIP TO INSURED and in the Master Application, the Company is authorized ordance with my employer's instructions. Each increase ich the Company has in effect on the date the increase at the time of each change. Sown above is correct, and (b) I am not subject to back- sayment of a loss or benefit or knowingly presents false by be subject to fines and confinement in prison. The provided HTML in the Company is authorized and increase instructions. Each increase in the date the increase at the time of each change. The provided HTML increase in the Company is authorized and the Company is authorized and increase in the Company is authorized and the Company is aut

ENROLLMENT FORM



	/NER INFORMATION ner information only if Owner is other than Insured of INSURED	OWNER						
Name:		(If Owner is a Trust, include VTA form)						
Address:								
SSN/Tax ID#:	/Sex							
DOB:	/Sex							
2. ACTIVELY-AT-WORK is defined as: (a) Performing all normal duties of the position on a full time basis for not less than 35 hours per week, and (b) not absent from work due to accident, illness or other condition for more than 3 days of the 90 days prior to becoming eligible to participate in the life insurance program applied for or for any increase thereafter. Connecticut General Life Insurance Company (the Company) reserves the right to request recertification of the above information for deaths occurring (a) within 2 years of the policy's Date of Issue, or (b) within 2 years of any subsequent increases in Face Amount. Based on any such recertification, the Company further reserves the right to contest any claim during those periods. Has the Insured been Actively-At-Work?								
3. SMOKING S Has the Insure If "Yes" descr	FATUS ed used TOBACCO in any form within the past 12 m ibe frequency, quantity, and kind of tobacco used:	nonths?						
indicated. If beneficiaries,	Y DESIGNATION: All primary beneficiaries who sum or primary beneficiary survives the Insured, beneficiary if surviving the Insured, unless otherwise specified. (Complete only if no beneficiary has been designated)	urvive the Insured shall share equally unless otherwise nefits will be paid in equal shares to the contingent ed on your employer's Master Application.)						
PRIMARY	NAME Full First Name Middle Initial Last Name	RELATIONSHIP TO INSURED						
CONTINGENT								
to increase the fi shall be subject	t so long as I am employed by the employer identifications are a solutions and the policy from time to time in account of the policy from time to time in account to the underwriting limitations and requirements who uding, but not limited to, my being Actively-At-Work	ed in the Master Application, the Company is authorized ordance with my employer's instructions. Each increase ich the Company has in effect on the date the increase at the time of each change.						
I certify that (a) tup withholding.	the Social Security or Tax Identification Number sh	own above is correct, and (b) I am not subject to back-						
Any person who information in an	knowingly presents a false or fraudulent claim for papplication for insurance is guilty of a crime and ma	payment of a loss or benefit or knowingly presents false ay be subject to fines and confinement in prison.						
The policy being a	pplied for is intended to replace an existing individual, nor	n-term Life Insurance Policy or Annuity.						
SIGNATURE OF PROF	OSED INSURED	WITNESS						
SIGNATURE OF OWN	ER (If other than Insured or Employer)	DATE SIGNED						

Hartford, Connecticut 06152





CORPORATE OWNED LIFE INSURANCE PROGRAM CONSENT/ENROLLMENT FORM

Name					
Social Security No.	Date of	Birth / /		Sex	MF
Employer		_ Job Title			
I am ACTIVELY-AT-WORK, performi week. I have not been absent from wo prior to the proposed effective date of	ork due to accident, illness	or other condition for			
Yes No	If "NO", please describe th	ne nature of any abs	ences:		
I have used TOBACCO (cigarette, cig		·	,	·	
I acknowledge that	nefit me in any way. I de erefore transfer and assig	connecticut General , a irance, though purc signate in any interest, ben	Life Insurance nd grant my chased to industrial rights, rights,	ce Company consent for the lirectly fund a sum as the and title I many consenses.	for an insurance this purchase. I a benefit plan in absolute owner ay have in such
I understand that the death benefit will benefit will be payable to my beneficia	l be paid to_ uries or to my estate from t	he proceeds of the p	and that policy.	at no death	benefit or other
I understand that this coverage may c	ontinue after my employm	ent terminates.			
Any person who knowingly presents false information in an application for					
I have read and understand this form	and (please check one):				
I hereby consent to the purch	nase of this insurance on r	ny life.			
I do NOT consent to the purc	chase of this insurance on	my life.			
All of the above statements are to the	best of my knowledge and	d belief.			
Employee's Signature			/ Date	<u>/</u>	

Aviation Supplement (A)

Connecticut General Life Insurance Company

Hartford, CT 06152



Part B should also be completed if you fly as a Pilot or Crewmember in Commercial or Military Aviation.

1. Proposed Insured's Na	ame (Please Print)				Date of Birth		
2. Pilot Certificate Curren ☐ Student ☐ Private ☐ Air Transport Rating	e ☐ Commercial		Date of Is	sue	3. Do you ha Rating (IFI □ YES	R)?	Instrument Flight
4. a. What class of FAA I	III				ast FAA Medica	al Exa	mination:(Mo./Yr.)
c. Was Medical Certifi YES If YES, please give full	NO	·	•				
5. a. What type(s) of airc	raft do you fly? (Inclu	de make and	i model)				
b. What types(s) of flyi survey, photograph		pleasure, bus	siness, con	struction, c	rop-dusting, te	sting,	aerobatics, ballooning,
6. Do you fly only within to YES If elsewhere, give deta	NO						
7. Total Hours Flown As Pilot or Co-Pilot				Total Hours Flown In Past 12 Months Estimated Hours Flying Next 12 Months			
8. Do you contemplate a	change from your pre	, ,	e.				
9. a. Do You Maintain a l Of Flight Time? ☐ YES ☐ N	Flying Tim Qualified (ne Is With a	our c.		centage of You n Single Engine ———		d. Multi Engine?%
10. Have you ever had a If YES, please give for		ur certificate ı	revoked?	□ YES	□NO		
	for full coverage at sta coverage with Extra P iation coverage witho	remium, if av	vailable?	sire:			
To the best of my knowled I agree that they shall form	m a part of my applica	ation for insur	rance.		·		
Any person who knowingl information in an application	<mark>ion for insurance is g</mark> u	uilty of a crim			to fines and co	onfine	ment in prison.
	City	State			<i>Month</i> On) L	Day Year
WITNESS (Signature)			PROP	OSED INSU	JRED (Signatu	ire)	

Avia Supp (8/02) AR (2011) Page 1 of 2

Aviation Supplement (B) (also complete Part A)

Connecticut General Life Insurance Company Hartford, CT 06152



For Pilots and Crew Members in Commercial or Military Aviation

1.	Pro	posed Insured's Name (Pi	lease Print	t)				Date of	Birth		
Are you a professional pilot? □ YES □ NO If YES, state employer, duties and type of aircraft flown:											
_	N 4*11	 									
3.	Mili a.	tary Branch of Service:									
	b.	Rank and Present Duty A	\ssignmen	t:							
c. Type of Military Aircraft Flown:											
4.	Ha	ve you ever been grounded ☐ YES ☐ NO				oked? iber 6 belov	M				
5.	Co	mplete this Schedule		kimate Hou			kimate Ho	ours As	Appr	oximate H	ours As
	(If none, so state)		t and Co-P			ew Meml			Passenge	
			13-24	1 + 40	Est.	13-24	1 4 40	Est.	13-24	1+ 40	Est.
			Months Ago	Last 12 Months	Next 12	Months Ago	Last 12 Months		Months Ago	Last 12 Months	Next 12 Mos.
			Ago	IVIOLITIS	Mos.	Ago	IVIOITIIIS	Mos.	Ago	IVIOLITIS	12 10103.
Pri	vate	Aircraft									
Со	mme	ercial Airlines on									
	nedu										
		chedule Charter, Air Taxi									
	_	ny Owned Aircraft									
		t Instruction									
		usting, Testing,									
	pect										
		, Photo, Traffic Patrol uction, Fire Fighting,	 								
	SCUE										
		Aircraft									
		ner flying (explain in No. 6)									
		er any additional information	on here:				l	· ·			
		best of my knowledge and that they shall form a part					o the abo	ove questi	ons are co	mplete and	true, and
Гa	gree	that they shall form a part	. от тту арр	nication for	insuran	ce.					
		rson who knowingly preseration in an application for in									
n n(711110	City	isurance is	State		ina may be	- Subject t				ear
		,		2.5.10				1010		, 10	
At								On			
WI	ΓNΕ	SS (Signature)				PROPOS	ED INSU	RED (Sigi	nature)		

Avia Supp (8/02) AR (2011) Page 2 of 2

Avocation and Sports Questionnaire

Connecticut General Life Insurance Company Hartford, CT 06152



(Do Not Use for Aviation)

INSTRUCTIONS:

- 1. Complete Section I and additional sections where appropriate.
- 2. Answer each question with as much detail as possible.

Use a SEPARATE questionnaire for EACH S	SPORT you	participate in.
---	-----------	-----------------

NAME OF PROPOSED INSU	JRED		DATE	OF BIRT	H (Mo., Day, Yr.)	SOCIAL SE	CURITY NUI	MBER	
	050714	ani arneb		0047101					
SECTION I – GENERAL AVOCATIONS Auto Racing* Hang Gliding* Motor Sport Racing* Sky diving/Parachuting*									
Auto Racing*	Hang Glic				ort Racing*			9"	
Boat Racing*	Horse Ra			Mountain			ht Flying*		
Boxing	Martial Ar				nal Athletics	Other			
Ballooning**	Motorcyci	e Racing*		Scuba Div	/ing ⁻				
* Alex complete oppres		ion ** I	laa Aud	ation Com	lama amt				
* Also complete approp		ion "" (JSE AVI	ation Supp	piement				
1. In what activity do you par	ticipate?								
0 4 ((1)		0.	51	.,					
2. Are you affiliated with any	clubs or a	ssociations? F	lease	specity.					
					1 111				
3. List any special licenses, of	certification	n, professional	or ama	ateur titles	you hold in connec	ction with this	activity.		
				•					
4. Are you an instructor or do			nally or	for money	?				
	S, give det			 					
5. Where do you do this avoc	cation/spoi	rt? Please indi	cate all	prior and	planned locations,	including tho	se outside of	the US.	
6. How long have you been p	participatin	ig in this avoca	ition/sp	ort?					
	1 41 1								
7. a. How many times did yo									
b. How often do you plan								-	
c. Do you ever participate	in this act	tivity alone?		S D NC) If YES, give de	etails			
8. If applicable, describe you		evel of achieve	ement (i.e. height,	depth, terrain or s	peed attained	d). On what le	evel	
do you participate most fre	equently?								
FOR ADDITIONAL							ECTION V.		
				•	complete Section				
Are you certified?		YES □ N	0 2	. Are you a	a member of a divi	ng	☐ YES		
Highest Level and Date:				organiza	tion?				
				Name:					
3. Do you perform profession		YES □ N	0 4	. Have you	u performed decon	npression	☐ YES		
technical or commercial di	ives?			dives or	diving at high altitu	ıdes			
				(i.e. mou	ntain lakes)?				
5. Where do you dive?	Lakes [☐ Rivers ☐	Ocean		ep Sea 🔲 Cave	e 🗆 Ice	☐ Shipwre	cks	
	Other				•				
6. Do you dive alone?		YES □ N	0 7	. Do vou	use mixed gas (i.e	. Nitrox.	☐ YES	□ NO	
If yes, how often?				Trimix, I		,			
8. What is the date of your la	st dive?		I						
o. What is the date of your la	ot aivo.					FX	PECTED NE	ХT	
Frequency and depth	ΙΔ	ST 12 MONTH	<u> </u>	TO	TAL LIFETIME		12 MONTHS		
o. Troqueries and deput									
	Number	Average Du		Number	Average Duration	on Number	Average D		
		Per Div	е		Per Dive		Per Di	ve	
Less than 65 feet									
66 to 100 feet									
101 to 150 feet									
Over 150 feet							1		

FOR ADDITIONAL REMARKS CLARIFYING ANSWERS TO ABOVE QUESTIONS USE SECTION V.

SECTION III – MOTOR SPORT RACING (also complete Section I)									
 Do you engage in organized competitive events or exhibitions such as boat or drag racing, formula, off road, stock, sprint, midget car, go cart, rough terrain, hill climb, or prototype testing and record attempts? ☐ YES ☐ NO If YES, explain type. 									
2. FREQUENCY	1-2 YEAR	RS AGO	LAST 12 MONTHS		AVERAGE S LENGTH OF EACH RACE		FASTEST SPEED		IPLATED MONTHS
	Number of Races	Total Miles	Number of Races	Total Miles		APS/MILES/ TIME)	ATTAINED	Number of Races	Total Miles
Automobile						•			
Motorcycle									
Other									
3. Indicate tra	ck/course des	scription.							<u> </u>
	ss do you con n of your vehic		e specific: i	nclude ma	ake, mod	del, engine d	splacement and	d horsepower,	class
5. Under wha	t sanctioning	body do y	ou normally	compete?	? (AMA,	NHRA, USA	C, etc.)		
6. Have you b	een involved	in any acc	ident causin	g injury o	r death?	YES 🗆	NO If YES	, give details.	
							QUESTIONS		
SECTION IV -							`	complete Se	•
	prototype or			vocation? □ YES	' (i.e., A □ NO	erobatic/stun	t, group jumps,	time delay, coi	mpetition,
2. Do you bel	ong to a natio	nal skydiv	ing organiza	tion? [□ YES	□ NO	Name:		
3. What is the	e average heiç	ght from w	hich you jum	np/take of	f? Gr	eatest height	?		
4. Indicate the Last 12 Mo	•	ımps/take	-offs: Total Lifetir	me:	1	Conte	nplated Next 12	2 Months:	
5. Do you per ☐ YES		e or free-f YES, give		or high pe	rformand	ce landings?			
6. Do you pa	ck your own p	arachute?	☐ YES)				
7. Do you use	e a reserve ch	ute when	jumping? \square	YES		O V	/hen gliding? [□ YES □	NO
8. If applicabl	e, did you bui □ NO	ld your ow	n hang glide	er?	If yes, g	ive details (i.	e., Kit built, des	igned by yours	elf)
9. Specify cla	ss of license,	if applicat	ole.						
				ng injury c	or damaç	ge? □ YES	□ NO If YE	S, give details	
FOR	FOR ADDITIONAL REMARKS CLARIFYING ANSWERS TO ABOVE QUESTIONS USE SECTION V.								
ADDITIONAL	DEMARKS (SDECIEV	SECTION A		V NOITS				
ADDITIONAL	YEIWAKKO. (OF LOII 1	SECTIONA	IND QUE	STION	(ONIBERS)			
							oss or benefit on to fines and co		
At City:			State:		On	Month:		Day:	Year:
WITNESS (Sig	nature)				PROF	POSED INSU	RED (Signature	e)	

Foreign Travel or Residence Supplement

Connecticut General Life Insurance Company Hartford, CT 06152



1.	Proposed Insured's Name(PLEASE PRINT)
0	
2.	Date of Birth (Month) (Day) (Year)
3.	Occupation
4.	Of what country are you a citizen?
5.	What foreign countries do you plan to travel or to live in?
6.	For what purpose is this foreign travel or residence?
7.	Where will you be located? City Rural Area Both Please describe:
8.	Give dates of travel or residence:
	From To(month/year) (month/year)
9.	Do you anticipate flying on other than regularly scheduled commercial airlines?
	If YES, please provide full details:
	I agree all statements and answers to the above questions are complete and true.
	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
	Dated at on City State Month Day Year
	WITNESS (Signature) PROPOSED INSURED (Signature)